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(Add	dress)	
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COVER LETTER

		ration Section on of Corporations				
SUBJE	CT:	CLM SPECIALTY CONS	TRUCTION, INC	2.		
		Nam	e of corporation	ı - mu:	st include suffix	
Dear Sir	or Ma	adam:				
"Certific	ate of	'Application by Foreign (Existence," or "Certificated foreign corporation to	ite of Good Stan	ding"	and check are subn	Business in Florida," nitted to register the
Please re	turn a	ll correspondence concer	ning this matter	to the	following:	
THOMA:	s los	СІÚТО				
	_		Name of	Person	1	
CLM SPI	ECIAL	TY CONSTRUCTION, IN	C.			
			Firm/Con	pany		
2655 ERI	E STR	EET				
			Addro	ess	****	
RIVER G	ROVI	E, IL 60171				
-			City/State a	nd Zir	code	
TLOSCIU	JTO@	CLMMIDWEST.COM				
		E-mail addre	ss: (to be used f	or fut	ure annual report no	etification)
For furth	er infe	ormation concerning this	matter, please c	all:		
TOM LO	SCIUT	ro .	708 at (85	1-2607	
;	Name	of Person	Area Code	/ :	Daytime Telepho	one Number
ր Մ 1 2	Regist Division The Co 1415 N	ET/COURIER ADDRE ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 8 assee, FL 32303			MAILING AB Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	ke che	heck for the following an ck payable to: FLORIDA I ng Fee	DEPARTMENT ing Fee &	\$78.	FATE 75 Filing Fee & ified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CLM	CLM SPECIALTY CONSTRUCTION, INC.			
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"
CLM	1 MIDWES	т		
(If na	ime unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transac	ting business in Florida)
2. ILLI	NOIS	3 8	32-3277281	
(Sta	te or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
4 10/2	6/2017	5		
4	(Date	of incorporation)	(Date of duration, if other	er than perpetual)
6.		•	,	
o		(Date first transacted business in	Florida, if prior to registration)	
		(SEE SECTIONS 607.1501 & 607.150		oility)
7. 2655	ERIE STRE	ET, RIVER GROVE, IL 60171		
		(Principal office	c street address)	
		(Current mailing	address, if different)	17:
8. Nam	e and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	7
	Name:	InCorp Services, Inc.		
Office /	Addr e ss:	17888 67th COURT NORTH		T U
		LOXAHATCHEE	. Florida ³³⁴⁷⁰	5 W
		(City)	(Zip code)	7

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stor gic Wrom Georgia Dorsam on behalf of InCorp Services, Inc.
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□Chairman	Name: GAETANO LOLLINO	□Chairman	Name:ROSE LOLLINO	
□Vice Chairman	Address: 1838 N. 78TH COURT	□Vice Chairman	Address: 1838 N. 78TH COURT	
Director	ELMWOOD PARK, IL 60707	□Director	ELMWOOD PARK, IL 60707	
■ President		□President		
□Vice President		■Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
□Chairman □Vice Chairman □Director	Name: ROSE LOLLINO Name: 1838 N. 78TH COURT Address: ELMWOOD PARK, IL 60707	□Chairman □Vice Chairman □Director	Name:Address:	
□President		□President		
□Vice President		□Vice President		
□Secretary'	Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
	Name:		Name:Address:	
Director		□Director		
President		□President		
		□Vice President		
Secretary	□Treasurer	□ Secretary _	□Treasurer	
Other	Other	□Other	Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. GAETANIO LOULING RESCRIPTION.				
13. GAETANO LOLLINO, PRESIDENT				

(Typed or printed name and capacity of person signing application)

File Number

7150-796-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CLM SPECIALTY CONSTRUCTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 26, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST

day of JANUARY A.D. 2020

Authentication #: 2002103478 venfiable until 01/21/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE